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Request  
for  
Continued Examination (RCE)  
Transmittal

**Address to:**  
**Mail Stop RCE**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

A circular stamp with the text "U.S. DEPARTMENT OF COMMERCE" at the top and "PATENT & TRADEMARK OFFICE" at the bottom. In the center, it says "FEB 22 2005".

Application Number	10/658,506
Filing Date	September 9, 2003
First Named Inventor	Wei Zheng
Art Unit	2824
Examiner Name	Anh K. Phung
Attorney Docket Number	AF01182

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).

- a.  Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

- I.  Consider the arguments in the Appeal Brief or Reply Brief previously filed on \_\_\_\_\_

II.  Other Amendment under 37 CFR 1.312 and IDS dated 10/18/04.

- b  Enclosed

- i.  Amendment/Reply      iii.  Information Disclosure Statement (IDS)  
ii.  Affidavit(s)/ Declaration(s)      iv.  Other

## 2. Miscellaneous

- a.  Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of \_\_\_\_\_ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)  
 Other \_\_\_\_\_

3

Fees

The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

- The Director is hereby authorized to charge the following fees, or credit any overpayments, to  
Deposit Account No. 18-0988. I have enclosed a duplicate copy of this sheet.

- i.  RCE fee required under 37 CFR 1.17(e) 02/23/2005 RFEKADU1 00000118 10358506

ii.  Extension of time fee (37 CFR 1.136 and 1.17) 01 FEB 1801 790.00 0P

iii.  Other Fee for additional claims (nine additional claims) of \$450 450.00 0P

Check in the amount of \$ 1240.00 enclosed

Payment by credit card (Form PTO-2038 enclosed)

**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED**

Signature		Date	February 16, 2005
Name (Print/Type)	M. David Galin	Registration No.	41,767

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Mail Stop RCE, Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.

Signature   
Name (Print/Type) M. David Galin Date February 16, 2005

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

*If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.*

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Adjustment date: 04/21/2005 RHFANKINI  
02/23/2005 RFEKADU1 00000118 10358506  
01 FC:1801 -790.00 OP  
02 FC:1252 -450.00 OP

04/04/21/2005 RHAJKIN1 000000061 10658506  
001 FC:1801 790.0  
002 FC:1202 450.0

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2004

Application or Docket Number

10/658506

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

TOTAL CLAIMS			
FOR		NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS		20 minus 20 =	
INDEPENDENT CLAIMS		2 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT			<input type="checkbox"/>

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

RATE	Fee
BASIC FEE	395.00
X	
X	
+	
TOTAL	

RATE	Fee
BASIC FEE	790.00
X	
X	
+	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

AMENDMENT A	12/7/04	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	29	Minus	20	9
	Independent	3	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

SMALL ENTITY OR OTHER THAN  
OR SMALL ENTITY

RATE	ADDI- TIONAL FEE
X	
X	
+	
TOTAL ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
x50	450
X	
+	
TOTAL ADDITIONAL FEE	

RCE

(Column 1) (Column 2) (Column 3)

AMENDMENT B	2/22/05	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	29	Minus	29	
	Independent	3	Minus	3	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X	
X	
+	
TOTAL ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
X	
X	
+	
TOTAL ADDITIONAL FEE	

AMENDMENT C

(Column 1) (Column 2) (Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	*	=
	Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				<input type="checkbox"/>	

RATE	ADDI- TIONAL FEE
X	
X	
+	
TOTAL ADDITIONAL FEE	

RATE	ADDI- TIONAL FEE
X	
X	
+	
TOTAL ADDITIONAL FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.